

CHITIMACHA

AFTER SCHOOL CARE

ENROLLMENT PACKET

2009-2010

After School Care Registration

After School Care registration begins January 4, 2010 through January 7, 2010. Please read and complete all information contained in the packet. If you have any questions, please call Chitimacha Tribal School, Stacey Landry, at 923-9960. The following items are needed to enroll your child in the After School Care Program:

- ❖ ____ Initial Tuition Payment
- ❖ ____ General Information Master Form
- ❖ ____ Emergency Medical Care Form
- ❖ ____ Release Form
- ❖ ____ Payment Schedule Agreement Form
- ❖ ____ Electronic Device Release Form
- ❖ ____ Supplies

Admission Date_____

Withdrawal Date_____

After School Care General Information Master Form

1. Child's Name (First) _____ (MI) _____ (Last) _____

Birth Date _____ Sex _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
Beeper #		

2. Person with whom the child lives _____

Tuition assistance will be based on family income. Please provide proof of monthly household income to April Wyatt, if you are interested in assistance. Both parents' income is required. If not residing together, child support payments, formal or informal agreements are required. Only parents of tribal children may apply.

Family size:

____ Number of adults living in the home _____ Number of children living in the home

The Chitimacha Tribal School will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating enrollment information.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

After School Care Emergency Medical Care Form

Child's Name

List any serious allergies (such as insect bites, food allergies, etc.)_____

List any disabilities or special needs_____

Major illnesses your child has had_____

Any serious accidents?_____

Any medically necessary dietary requirements?_____

Mother's Phone Numbers: _____

Father's Phone Numbers: _____

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

	Name	Relation to the Child	Address	Phone/Cell/Pager
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities planned for the After School Care Program.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, the After School Care workers will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Hospital or Clinic Preference: _____ Phone # _____
Address: _____

In a life-threatening situation, I authorize the After School Care workers, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, I also authorize the After School Care workers to choose a physician and to transport my child by ambulance or other vehicle when necessary.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

After School Care Release Form

Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parent and other adults. Please notify these individuals that they may be asked to show proof of identity:

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

Name: _____
Relationship: _____ Phone: _____

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing and given to the After School Care Workers.

My child **may or may not** (circle one) ride their bike or walk home at the end of After School Program. Documentation must be provided by parent or guardian if child needs to leave After School Care before dismissal.

I hereby give my permission for my child to participate in bus trips on the reservation, spontaneous walking field trips and bike rides throughout the After School Care Program. I understand that each trip will take place on the reservation, weather permitting.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

After School Care Payment Schedule Agreement Form

Child's Name

I understand that tuition for my child to attend the After School Care Program will cost \$20 a week for services provided on Monday through Thursday from 3:00 p.m. to 5:10 p.m.

I understand that tuition is due upon beginning services (ex. If a child starts on January 11, tuition is due that day, and then your payment schedule will be adhered to).

I understand that cash will be accepted. Please bring all tuition payments, including cash payments to the Chitimacha Tribal School office. Please write checks, cashier's checks, or money orders to Chitimacha Tribal School. When making a payment in cash, exact change is requested. A \$20.00 fee will be assessed to all NSF checks.

Once tuition payments are 10 business days (2 weeks) past due, the child will not be allowed to attend the program on the eleventh day (third week).

I select the following tuition payment schedule. Tuition payments will **not** be refunded.
Please check one:

_____ Weekly _____ Bi-Weekly _____ Monthly

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

After School Care Electronic Device Release Form

I understand that my child is permitted to bring his/her cell phone and is required to check his/her device in and out prior to daily participation of the After School Care program.

I also understand that the Chitimacha Tribal School – After School Care Program shall NOT be held liable, or responsible, for any lost, stolen or damaged personal electronic device(s), property, and/or related equipment brought in to the Chitimacha Tribal School – After School Care Program by my child. (Whether Permitted or Prohibited).

It has been concluded that certain electronic devices could cause interruptions during After School Care; hence, restrictions on the use of personal electronic devices are necessary.

Any prohibited item found shall be confiscated and returned to the parent of the child at the end of the day.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

After School Care Supply Checklist

- ❖ ☐ **Kleenex**
- ❖ ☐ **Box of Wipes**
- ❖ ☐ **Roll of Paper Towels**

Please write your child(ren)'s name on each of the above items prior to submission. You may be asked throughout the course of the program for additional items.